

**WAYLAND PUBLIC SCHOOLS**  
Wayland, Massachusetts 01778

**PERSONNEL AUTHORIZATION FORM**

All staff recruitment must be carried out in compliance with relevant laws, regulations, contractual provisions, School Committee policies, and administrative procedures.

**SECTION A: POSTING & CHANGE OF HOURS NOTIFICATION (TO BE COMPLETED BY THE PRINCIPAL/ADMINISTRATOR AND SUBMITTED TO THE ASSISTANT SUPERINTENDENT'S OFFICE)**

This section is to be completed by the principal/administrator where the vacancy exists or will exist. *No posting or change of hours will be done without completion of Section A of this form.* Recruitment cannot begin until a vacancy has been properly posted in compliance with collective bargaining provisions. Signature of the principal/administrator constitutes official confirmation that appropriate notification has been officially sent to or has been received from the staff member assigned to the position listed below. Letters submitted to the principal/administrator should be attached to this form.

Position:		School:	
Start Date (or Date of Change):		End Date (if applicable): <input type="checkbox"/> Last day for staff in June <input type="checkbox"/> End of day on _____	
Post: <input type="checkbox"/> In-House <input type="checkbox"/> Website		<b>Note:</b> CBAs require in-house posting of vacant positions. In-house posting not required for temporary positions.	
Type of Position:			
<input type="checkbox"/> Full-Time		<input type="checkbox"/> Stipend Position	
<input type="checkbox"/> Part-Time		<input type="checkbox"/> Short-Term Substitute (3-8 weeks)	
		<input type="checkbox"/> Long-Term Substitute (8 weeks +)	
		<input type="checkbox"/> Full-Year Substitute	
Reason for Vacancy or Change:			
<input type="checkbox"/> New Position		<input type="checkbox"/> Transfer	
<input type="checkbox"/> Leave of Absence		<input type="checkbox"/> Resignation	
		<input type="checkbox"/> Retirement	
		<input type="checkbox"/> Termination	
		<input type="checkbox"/> Increase in Hours or FTE	
		<input type="checkbox"/> Decrease in Hours or FTE	
If new position or change in hours, provide justification:			
Name of staff member being replaced or staff member with change in hours/FTE:			
Hours Per Week or FTE for this position: _____			
If applicable, change in:			
<input type="checkbox"/> Annual FTE		from _____ to _____	
<input type="checkbox"/> Hours Per Week		from _____ to _____	
Special Skills Required (if applicable): _____			
Total Budgeted FTE:		Total Budgeted Annual Salary: \$	
Funding Source:		FTE:	MUNIS Account #:
Funding Source:		FTE:	MUNIS Account #:
Signature of Principal/Administrator:			Date:
Signature of Assistant Superintendent:			Date:

